



Red Mountain Family Services, Inc.

♦ PO Box 67197 ♦ Albuquerque, N.M. ♦ 87123-7197 ♦ phone 505.994.0364 ♦ fax 505.994.0384 ♦

CONSENT FOR OVER THE COUNTER MEDICATION

Client: _____ Age: _____

DOB: _____ SS#: _____

The purpose of this form is to confirm approval for over the counter medications for the named Treatment Foster Care Child that is admitted in the Red Mountain Family Service, Inc. Treatment Foster Care Program.

The medications approved on the list below will be administered as needed. The need will be determined by the Treatment Foster Care Parent.

<u>Approved</u> Please Check	<u>Medication</u>	<u>Dosage and Frequency</u> as per manufacturer's direction. <u>Please specify otherwise</u>	<u>Indication (reason</u> <u>for medication)</u>	<u>Side Effects</u>
	Acetaminophen (Tylenol)		Fever/ Pain	
	Ibuprofen (Advil, Motrin)		Fever/ Pain	
	Pseudoephedrine (Sudafed)		Nasal Congestion	
	Diphenhydramine (Benadryl)		Nasal Congestion	
	Robitussin DM/Plain		Cough	
	Cough Drops		Cough	
	Pepto Bismol		Upset Stomach/Nausea	
	Loperamide (Imodium)		Diarrhea	
	Other- Please List			

Additional non-prescription medications that can be administered by Red Mountain Family Services that do not require individual standing orders include the following topical medications:

Injury/Swelling:

- Bengay
- Epsom Salts

Contact Dermatitis (poison ivy, etc.)

- Benadryl Cream
- Hydrocortisone cream

Cuts and Scrapes:

- Neosporin Ointment
- Bacitracin Ointment

Fungal Rash

- Desenex Powder
- Tinactin Cream

TFC child if over age 12 Date

Custody Holder/Parent Date

RMFS Staff Date

Signature of Physician Date